

TENNIS CAMP REGISTRATION FORM

Camper Name: _____ Home Phone Number : (____) _____ Email: _____ Age: _____

Contact Information

Parent/guardian: _____ Work Phone# _____ Cell Phone # _____

Emergency Contact: _____ Work Phone# _____ Cell Phone # _____

Emergency Contact is same as above

Medical Information

Does your child have any medical conditions we should be aware of? If yes, please explain.

Health Card #: _____

Does your child require medication to be administered during the camp day? Yes No

Pick-Up Information

Adults permitted to pick-up from Camp (Note: You must sign your child in/out of camp each day or if your child is 10 years of age or over you can write a note giving permission for your child to sign themselves in/out.)

Pick-up information is same as contact information section

1. Name: _____ Relation to Camper: _____ Home
Phone #: _____ Cell Phone # _____ Work Phone # _____

2. Name: _____ Relation to Camper: _____ Home
Phone #: _____ Cell Phone # _____ Work Phone # _____

	Half-Day (9:00-12:00)	Full-Day (9:00-4:00)
Session 1: July 2 – July 5		
Session 2: July 8 – July 12		
Session 3: July 15 – July 19		
Session 4: July 22 – July 26		
Session 5: July 29 – August 2		
Session 6: August 6 – August 9		
Session 7: August 12 – August 16		
Session 8: August 19 – August 23		

Please check off sessions you will be attending

Half Day: 9:00 AM – 12:00 PM | \$160.00 (Members) \$180.00 (Non-Members)

Full Day: 9:00 AM – 4:00 PM | \$280.00 (Members) \$300.00 (Non-Members)

(No camp on statutory holidays)

**Session 1 Half Day: \$130.00 (Members) \$150.00 (Non-Members)

**Session 1 Full Day: \$230.00 (Members) \$250.00 (Non-Members)

**Session 6 Half Day: \$130.00 (Members) \$150.00 (Non-Members)

**Session 6 Full Day: \$230.00 (Members) \$250.00 (Non-Members)

Method of payment: Cash _____ or Cheque _____ **Cheques must be made out to Robert Perri

****Payments will be collected on the first day of camp**

**No guaranteed refunds

To register or for more information email your form to Robert Perri at rperri22@gmail.com or (647) 302-6570

I understand that Robert Perri does not assume or accept responsibility for expenses resulting from loss or injury sustained while engaged in any activity, whatsoever, on or off premises.

Parent/Guardian Signature: _____ Date: _____

The personal information on this form is collected and used for emergency purposes only and will be kept confidential.